

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		/					52			
3			/				53			
4	/						54	/		
5		/					55		/	
6	/						56			/
7		/					57			
8	/						58		/	
9		/					59		/	
10	/						60	/		
11							61			
12							62			
13							63			
14							64			
15	/						65			
16		/					66			
17			/				67			
18			/				68		/	
19				/			69			
20				/			70			
21				/			71			
22					/		72			
23						/	73			
24		/					74			
25			/				75			
26				/			76		/	
27					/		77			
28						/	78			
29							79			
30							80			
31		/					81			
32			/				82			
33				/			83			
34					/		84			
35						/	85			
36	/						86			
37		/					87			
38			/				88			
39	/						89			
40				/			90			
41					/		91			
42	/						92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL AIMS							TOTAL CLAIMS			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
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17							67			
18							68			
19							69			
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29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL D.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL AIMS	11						TOTAL CLAIMS			